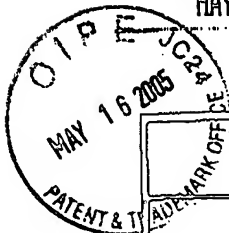


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COMBINED DECLARATION AND POWER OF ATTORNEY IN ORIGINAL APPLICATION

Attorney Docket No.
NED-101J

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name; that
I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled **CONCRETE SAW SKID PLATE SHIELDING METHODS, DEVICES AND SYSTEMS** described and claimed in the specification of U.S. Serial No. 10/26,717 filed April 16, 2004, that I understand the content of said specification, including the claims, that I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof more than one year prior to this application, that the invention has not been presented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application, that I acknowledge my duty to disclose information of which I am aware which is known to be material to patentability in accordance with 37 CFR 1.56, and that I have reviewed and understand the contents of the specification, including the claims, as amended by any amendment specifically referred to in the oath or declaration, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:
None.

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Joseph S. Iandiorio, Reg. No. 23,093

Jason D. Shacht, Reg. No. 43,915

Thomas E. Thompson, Jr., Reg. No. 47,136

Kirk Teck, Reg. No. 36,291

Roy J. Coleman, Reg. No. 48,853

David W. Poirier, Reg. No. 43,007

Address all telephone calls to Joseph S. Iandiorio or Kirk Teck at (781) 890-9678.

Address all correspondence to Iandiorio & Teck, 260 Bear Hill Road, Waltham, MA 02451-1018.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of 1st or sole inventor
Michael P. Burke

Inventor's signature

Michael P. Burke

Date

5/11/05 ✓

Residence

6 Lanes End Road, Sutton, MA 01900

Citizenship

U.S.

Post office address

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Full name of 2nd inventor

Inventor's signature

Date

Residence

Citizenship

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Full name of 3rd inventor

Inventor's signature

Date

Residence

Citizenship

Post office address

MAY-10-2005 TUE 04:41 PM IANDIORIO & TESKA

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10025717
Filing Date	April 15, 2004
First Named Inventor	Michael P. Burke
Title	Computerized Method for Determining Machinability, Drilling and Boring
Art Unit	3720
Examiner Name	Robert, M.T.
Assistant Patent Examiner	NG-1011

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Prothonotary associated with the Customer Number:

3240

☐ OR
Prothonotary named below:

Name	Registration Number

as my/our attorney/ies or agent(s) to prosecute the above-identified claims, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please designate or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Signature under 37 CFR 3.70(b) is required. (Form PTO/SB-01)

SIGNATURE of Applicant or Assignee of Record

Signature	Michael P. Burke	Date	7/5/11/05
Name	Michael P. Burke	Telephone	
Firm and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☐ Total of _____ copies are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 102 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the burden of this you require to complete this form under regulations for reducing the burden, please go to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1023, Alexandria, VA 22304-1023. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22304-1450.

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10024717
Filing Date	April 16, 2004
First Named Inventor	Michael P. Burke
An Unit	3750
Examiner Name	Robert M. T.
Attorney Record Number	NED-1018

I hereby revoke all previous powers of attorney given in the above-identified application:

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence addresses for the above-identified application to:

☒ The address associated with
Customer Number:

32408

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		ZIP
Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PRO/SB/06)

Signature of Applicant or Assignee of Record

Signature	<i>Michael P. Burke</i>		
Name	Michael P. Burke		
Date	5/11/05	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.55. The information is required to establish or retain a claim by the public which is to be (and by the USPTO is to be) on application. Confidentiality to government is required by 37 CFR 1.11 and 1.14. This collection is considered to be a burden on the public. Any comments on the burden of this collection of information should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1400, Alexandria, VA 22303-1400. DO NOT SEND FREE OR UNPAID INFORMATION TO THIS ADDRESS. Please refer to: Commissioner for Patents, P.O. Box 1400, Alexandria, VA 22303-1400.

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